

Foster Family Home - Corrective Action Report

Provider ID: 1-000059

Home Name: Madelyn Arellano, CNA

91-1418 Maliko Street

Ewa Beach

HI 96706

Review ID: 1-000059-8

Reviewer: Maribel Nakamine

Begin Date: 10/14/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 10/14/19.

Home is in compliance with all requirements. Home will receive a 3 bed certification.

Maribel Nakamine, Rev
Compliance Manager

Arellano
Primary Care Giver

10/14/19
Date

10/14/19
Date